PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									09746438.				
	•	CLAIMS A	S FILED (Colum		(Column 2)			SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		•	13		X\$ 9=	117.0	OF	X\$18=		
INDEPENDENT CLAIMS			6	f minus 3 =		3		X40=			X80=	1	
M	JLTIPLE DEPE	NDENT CLAIM I	PRESENT					+135=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		┩┈			
CLAIMS AS AMENDED - PART II								101112	- 137.17 ¹	700	OTHER	THAN	
(Column 1) (Column 2) (Column						(Column 3)		SMALI	LENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	: 33	Minus	. 3	<u> 33</u>	=	٠	X\$ 9=		OR	X\$18=		
AME	Independent	ependent Minus Minus			CLAIN	1=	٦	X40=		OR	X80=		
-	· ·	······	OLIFEE DE		· ·	<u> </u>	ן י	+135=		OR	+270=		
·	A						-	TOTAL		OR	TOTAL ADDIT, FEE		
	C (Column 1) (Column 2) (Column 3)							ODII. FEI	- 		NUUII, PEE		
AMENDMENT'B.		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	. 3	<u>3</u>			X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	PENIDENT	CLAUM			X40=		OR	X80=		
·	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								,	OR	+270=		
أمر	2064 And -4-04-05							TOTAL		OR	TOYAL DDIT, FEE		
<u> </u>	St tow	(Column 1)	— ·	(Colum	n 2)	(Column 3)		JJ.1.1 CL		• •	ODIT. PEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FI	er JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	· 33	Minus	.37	5	8		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	ما "		=	r	X40=		OR	X80≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ī	+270=		
• (1 •• (1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	TOTAL		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
OBL	PTO-475					· · · · · · · · · · · · · · · · · · ·			4 Dife- 11				

Application or Docket Number